

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12	1					
13	1					
14		1				
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50						
TOTAL IND.	6					
TOTAL DEP.	30					
TOTAL CLAIMS	36					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						